

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Linda S. Mosbarger  
750 Shields Road  
Deatsville, AL 36022

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Linda S. Mosbarger*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Linda Lewis*

C. Date of Delivery

*10/19/07*

Is address different from item 1? ☐ Yes  
delivery address below: ☐ No

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0005 4873 8139

Domestic Return Receipt

102595-02-M-11340

07cv807 (5) Show Cause Order